



CHARLES COUNTY GOVERNMENT
Department of Planning & Growth Management

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Director

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Stormwater Remediation Fee Hardship Exemption Application

Instructions:

- To be eligible for a hardship exemption, the property must be occupied by at least one of the owners.
- The exemption will be granted only if the property owner provides proof of meeting at least two of the four items listed in item 3 below.
- Return completed application and supporting documentation to:
Charles County Department of Planning and Growth Management,
200 Baltimore Street, La Plata, MD 20646.
- Exemption applies to a single Property Tax Bill, and must be renewed annually.



Name of Property Owner(s): _____

Mailing Address: _____

Address of Subject Property: _____

Phone No.: _____ Email: _____

Property Acct. No. from Tax Bill: _____ Applying for fiscal year beginning July 1, 20____

Questions:

1. Is this a single family detached residence, a town house, a residential condominium, or an agricultural assessed property?

____ Yes (Proceed to Question 2.)

____ No (If no, this property is not eligible for a hardship exemption.)

2. Is one of the property owners an occupant of the property?

____ Yes (Proceed to Question 3.)

____ No (In no, this property is not eligible for a hardship exemption.)

3. Check at least two of the following which apply and provide proof for the checked items:

____ The combined gross income of the property owners, as defined in the Tax-Property Article, Section 9-104, of the Annotated Code of Maryland, does not exceed the Poverty Guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services under the authority of 42 U.S.C. Section 9902(2), as amended;

____ At least one of the property owners who resides at the property receives an energy assistance subsidy.

____ At least one of the property owners who resides at the property receives Supplemental Security Income, or Food Stamps.

____ At least one of the property owners who resides at the property receives Veterans or Social Security benefits under the Social Security Act, the Railroad Retirement Act, any Federal Act for members of the United States Armed Forces, or any Federal Retirement System.

Verification Statement:

I declare that this application and supporting documentation has been examined by me and the information contained herein, to the best of my knowledge and belief, is true, correct and complete.

Signature of Property Owner(s):_____ Date:_____

Fore Office Use: Approved:_____ Denied:_____ Date:_____

Reason for Approval or Denial: _____

Director of Planning and Growth Management

Chief of Treasury